



Retailer Contract Application Information

North Carolina Education Lottery (NCEL) certificates are subject to the North Carolina State Lottery Act (N.C.G.S. §18C-101 et seq.).

Retailers:

- Must be at least 21 years of age;
- Must be registered to do business in the State of North Carolina;
- Cannot be engaged exclusively in the business of selling lottery tickets or operating electronic computer terminals or other devices solely for entertainment;
- Must undergo a background investigation (credit and criminal history check);
- Must be current in filing all applicable tax returns and payment of all taxes, interest, and penalties to the State of North Carolina (verification through the NC Department of Revenue);
- **Must open a dedicated bank account designated as "In Trust for the North Carolina Education Lottery" and is strictly used for the deposit of lottery net proceeds only;**
- Cannot reside in the same household as an NCEL employee or NCEL Commissioner; and
- Must provide a copy of Lease/Rental agreement **and /or** Landlord contact information (if applicable).

NCEL Retailer Contract is not assignable or transferable. If you have purchased or are in the process of purchasing a business that is currently contracted to sell NCEL products, you will have to apply separately and apart from the current business, to sell NCEL products. Failure to follow NCEL Contract, NC Lottery Act, and NCEL Rules & Regulations, policies and procedures may subject the applicant/retailer to denial, suspension, and/or cancellation of license.

All applications are processed in the NCEL Retailer Contracts Department at the NCEL headquarters in Raleigh. For additional information about the application process, NCEL Retailer Contract and the **Rules & Regulations**, visit the NCEL website at www.nclottery.com or to inquire about the status of an application, a Customer Service Representative can be reached by calling the Customer Service Hotline at **1-877-382-4530, Option 2 or TTY at 1-888-663-0154.**

**** A copy of your NCEL Retailer Contract and the Rules & Regulations are always available upon request. For a copy of the Rules & Regulations, visit the NCEL website at www.nclottery.com or call our Customer Service hotline at 1-877-382-4530, Option 2 for a copy to be mailed to you.****

THE APPLICATION PROCESS

Stage 1 Document Review

1. The application will be reviewed for completeness and verification of all required documentation including copies of owner(s) valid Driver's License.
2. If an application is incomplete, the applicant will be alerted by a NCEL representative and required to submit all missing documentation within 90 days. Otherwise, the application will be cancelled.
3. Upon completion of stage 1, notification will be sent to the applicant via US mail and Stage 2 processing will begin.

Stage 2 Background Investigations

1. All retailers are subject to a:
 - credit check;
 - taxation check; and
 - criminal history check.
2. A background investigation will be performed on each individual owner(s) and/or officer(s).
3. All retailers are required to provide landlord information **and/or** copy of Lease/Rental Agreement.
4. A physical assessment will be conducted to determine whether the business would be exclusively engaged in the sale of lottery tickets or operating electronic computer terminals or other devices solely for entertainment.

Stage 3 Approval/Denial Notification

1. If approved, notification will be sent via US mail with further instructions on how to schedule training and terminal installation.
2. If an owner/officer is convicted of felony within the past 10 years, the application will automatically be denied.
3. If denied, notice will be sent via US mail describing the appeal process for applicants who desire to appeal the NCEL's decision. If the applicant does not file an appeal within five (5) business days of receiving the denial notice, the application will expire.

Stage 4 Site Assessment

1. The retail location will then be physically assessed for compliance with the Americans with Disabilities Act (ADA).
2. The retail location will be assessed for compliance with ADA every three (3) years.

Stage 5 Renewal

1. The retail location is required to complete a contract renewal application every three (3) years to ensure there has been no breach of contract. If a breach has been determined, your lottery is subject to additional paperwork and possible suspension.
2. If the account has been conditioned with a security deposit, annual renewal is required for the first 2 years; thereafter, your NCEL transaction history and the credit of all owner(s)/officer(s) will be re-assessed.
3. Responsible Gaming is recommended to be completed as a refresher at time of the renewal.

APPLICATION CHECKLIST

After completing the application, please submit the following:

- A completed application (pages 1-5)
- Copy of owner(s) valid Driver's License (black and white copy only)
- The application fee
 - There is a \$75 non-refundable application fee.
 - There is an additional \$10 non-refundable application fee for each additional location within the same business structure for a new applicant or a currently active retailer.

Use the grid below to determine the total amount of your application fee. Mark the fees you will be paying and indicate the number of each additional location. Include this completed worksheet with your application and fee payment.

| <u>Type of Fees</u> | <u>Number of Fees</u> | <u>Amount</u> |
|---|-----------------------|-----------------------|
| <ul style="list-style-type: none"> • Base application fee <ul style="list-style-type: none"> ○ (Initial location) | 1 | x\$75= <u>\$75</u> |
| <ul style="list-style-type: none"> • Additional location fee (Each additional location to be considered; state taxpayer number, Federal ID, and/or social security number must be the same as the initial location) | _____ | x\$10= \$ _____ |
| Total Fee Paid | | \$ _____ |

All Applicants

- Provide the Lease/Rental Agreement or Landlord contract information.**

**if your application does not include all of the items listed above,
it will be considered incomplete.
Incomplete applications cannot be processed.**

For assistance in completing this application, read the "Retailer Application Instructions" below. For additional assistance, please call the North Carolina Education Lottery Customer Service Hotline toll free at 1-877-382-4530, option 2, then option 1 or TTY at 1-888-663-0154.

Retailer Application Instructions

Nature of Application:

1. Check the appropriate box for reason for application.
2. If Change of Ownership (CHOW), please provide the date the changeover is scheduled to take place.
3. Check the appropriate box for Game Type. Keno applications must be approved by NCEL Sales Department prior to selling Keno.

Section A. Location Information [page 1]

1. Write the store/location name (doing business as, DBA)
2. Write the physical address, street address, city, county, state, and zip code.
3. Write the mailing address, street address, city, county, state, and zip code of where you would like all official documentation to be sent.
4. Check the box if you own Property/Land. If not, please provide the landlord information **and/or** attach a copy of your lease/rental agreement.
5. Write your business's daily store hours.

Section B. Business Information [pages 1]

1. Write the legal business name, as it appears on the W-9.
2. Write the total number of owners in your business. Total percentage of owners must equal 100%.
3. Mark the box that corresponds with your business type identified on your W-9.
4. Write your North Carolina Sales and Use Tax ID provided by the North Carolina Department of Revenue (NCDOR).
5. Write your ABC permit number (if any).
6. Write your Federal Tax ID number (if applicable) provided by the Internal Revenue Service (IRS).
7. Circle the trade style that matches your business.
8. For additional locations, please complete a page 1 for each additional location or provide a spreadsheet listing additional locations.

Section C. Owner/Officer Information [page 2]

1. Each owner must fill out a page 2.
2. Write the full legal name, date of birth, Social Security Number, percent of ownership, gender, home address, city, county, state, zip code, home phone number, work phone number, cell phone number, and E-mail (if applicable) for each principal. NCEL will contact you if fingerprints are needed.

Section D. Background Questionnaire [page 2]

1. Follow the instructions listed in this section to mark the appropriate box for each of the questions in this section. All boxes must be answered.

Section E. Investigation Release and Retailer Contract Acceptance [page 2]

1. Each owner must read the certification, acknowledgement and agreement.
2. Form must be notarized.

“In Trust for the NCEL” Bank Account Verification [page 3]

1. Bank Representative must complete section below “Bank Representative”.

2. Account must be set up “In Trust for the North Carolina Education Lottery”
3. EFT letter and/or Bank Letter is acceptable. Please refer to nclottery.com under For Retailers > Downloads>Retailer Bank Letter Format for more information.

W-9 Request for Taxpayer Identification Number and Certification [page 4]

1. For complete instructions on filling out the W-9, please visit www.IRS.gov.

Authority for Release of Information [page 5]

1. Complete this form if Fingerprints are required.



Retailer Contract Application

2728 Capital Blvd., Suite 144 ★ Raleigh, North Carolina 27604 ★ nclottery.com
 Office: 877.382.4530, #2, #3 TTY Service: 888.663.0154 Fax: 919.715.2716
Please Play Responsibly

Lottery Use Only

| | | |
|------------|---------|-------|
| Amount \$ | | |
| Payment ID | Check # | RID # |

NATURE OF APPLICATION:

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> New License | <input type="checkbox"/> Change in Business Type | <input type="checkbox"/> Add Owner |
| <input type="checkbox"/> Change of Ownership | <input type="checkbox"/> Change in Officers/Chairperson | <input type="checkbox"/> Other |

If a Change of Ownership, please provide the date of takeover. Date: ___/___/___

Game Type: Instants and Draw Games Keno All Keno Only Keno Draw For Keno, location must meet criteria and be approved by NCEL Sales Dept.

Section A: Location Information

| | | | | | | | | | |
|----------------------|---|-----|---------------------|------|-------|---------|--------|------|--|
| Location Information | 1. Store Name: | | Store Phone Number: | | | | | | |
| | 2. Physical Address: | | | | City: | County: | State: | ZIP: | |
| | 3. Mailing Address: | | | | City: | County: | State: | ZIP: | |
| | **Please provide the below requested information OR provide a copy of the lease/rental agreement | | | | | | | | |
| | 4. Property Information: Do you own the property/land? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please complete the landlord information below. | | | | | | | | |
| | 5. Landlord Information: Name: _____ E-mail: _____ Address: _____ Phone: _____ | | | | | | | | |
| 6. Store Hours: | | Sun | Mon | Tues | Wed | Thurs | Fri | Sat | Number of stores applying _____ . (Must be under same EIN/Tax Name) For each location, please complete a Page 1 or attach a spreadsheet. |
| Open: | | | | | | | | | |
| Close: | | | | | | | | | |

Section B: Business Information

| | | | | | | | | |
|----------------------|---|--|---|---|---|---|---------------------------|--|
| Business Information | 1. Legal Name: <small>As appears on form W-9</small> | | 4. Business Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> General Partnership <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> For Profit Corporation <input type="checkbox"/> Limited Liability Corporation (LLC) | | | | 5. NC Sales & Use Tax ID: | |
| | 2. # of Owners: | | <ul style="list-style-type: none"> • Include a copy of a valid Driver License for all owners • Every owner must fill out page 2 | | | | 6. Federal Tax ID: | |
| | 3. Tradestyle: <small>Circle One Only</small> | | 01 Supermarket (more than 5 check stands) 02 Grocery Store (5 or less check stands) 03 Convenience Store 04 Convenience Store with Gas Pumps 05 Convenience Store with Gas Pumps & Fast Food | 11 Restaurant with Liquor &/or Beer License 12 Restaurant without Liquor License 13 Fast Food 14 Club or Association 21 General Merchandise | 31 Home & Auto Supplies 41 Apparel and Accessory Stores 51 Special Events and Locations 59 Tobacco Store 69 Super Store | 71 Liquor Store 72 Bar 74 Drug Store 98 General Services 99 Other | 7. ABC Permit #: | |

Owner/Officer Contact & Background Info

Full Name: Fingerprints: NCEL will contact you if needed.

Date of Birth: mm / dd / yyyy SSN: Company Title & % of Shares Male Female

Current Home Address: City: State: Zip: County: Years at address:

If less than 10 years, please provide your previous address below. If more than one, please list on a separate sheet of paper.

Cell Phone: Home Phone: Work Phone: Driver's license #: E-mail:

Section D: Background Questionnaire

If you answer "yes" to any of the following questions, provide the information on a separate sheet of paper with your signature and date. Please note that, depending on the circumstances, a "yes" response will not necessarily disqualify you from being approved for a retailer contract.

- 1. Disclose any convictions or pending charges of any state or federal law, whether misdemeanor or felony, including any offense relating to gambling activities.
2. Has the business or any person having financial interest in the business ever had a business or professional Contract from any state, suspended or revoked?
3. Has the business or any person having financial interest in the business ever filed for bankruptcy, been placed into receivership or filed for court protection from creditors?

Section E: Investigation Release and Retailer Contract Acceptance *Form must be signed and notarized

I hereby authorize the NCEL to request a credit report, conduct a criminal history check, or conduct any other background investigation as may be necessary to process my NCEL Retailer Application.

I hereby authorize the NCEL to conduct a thorough credit review from my personal/business credit report upon the submission of my NCEL Retailer Application; the renewal of my Security Deposit; the renewal of my NCEL Retailer Contract; or such other time as deemed appropriate by the NCEL.

I understand and acknowledge that, based upon information from my personal/business credit report, the NCEL will provide me, and all owners/officers of the business, written notice of the credit review result. Such written notice may contain conditional requirements, such as submission of a security deposit, or bank and trade reference information, due to insufficient credit and/or credit denial of any one or more owners/officers of the business.

My signature below further certifies that I have read and agree to abide by all laws and regulations of the NCEL, the NCEL Retailer Contract, Retailer Rules and Regulations and AC outlet requirements for lottery equipment.

- I certify that all the retail locations specified herein are in compliance with the requirements outlined by Title III of the Americans with Disabilities Act.
I also certify that one or more retail locations specified herein is/are not in compliance with the requirements outlined by Title III of the Americans with Disabilities Act and that I will ensure that such location(s) will be in compliance within the period specified by the NCEL.

I hereby certify that I am the duly authorized representative of the business applying for a NCEL retailer contract with the power to sign any and all documents, as required by the NCEL, and that I have the authority to bind the business and its affiliates to the terms and conditions of the Retailer Contract, Retailer Rules and Regulations and any other policies and procedures as established by the NCEL.

Authorized Representative Signature: Date:

Notarial certificate for an acknowledgement: County, (State)

I certify that name of principal personally appeared before me this day, acknowledging to me that he or she signed the foregoing document.

(Official Signature of Notary) (Printed Notary Public Name) Date:

(OFFICIAL SEAL)

My commission expires:

North Carolina Education Lottery Consent : M. Mark Michalko, NCEL Executive Director

Contract Agreement



“In Trust For The NCEL” Bank Account Verification

Retailer Instructions:

Pursuant to the Lottery Act and your Retailer Contract, you are required to establish a dedicated bank account, titled “IN TRUST FOR THE NCEL,” to be used exclusively for lottery transactions. If you have not already done so, please modify your current bank account or establish a new bank account exclusively used for lottery transactions with the account name designated as “IN TRUST FOR THE NCEL.”

Bank Representative:

Thank you for assisting our Retailer applicant. The retailer must establish a separate electronic funds transfer (EFT) bank account in order to complete their North Carolina Education Lottery application. This separate bank account must be specified “In Trust for the North Carolina Education Lottery (NCEL).”

Please ensure that the account is not titled “Lottery Account.”(See sample bank letter located at www.nclottery.com)

Please complete form below or submit a bank letter on bank letterhead that states the account number, routing number, name of account and that the account is “In Trust for the NCEL”.

THE SECTION BELOW MUST BE COMPLETED BY DEPOSITORY INSTITUTION (BANK)

| | |
|--|---|
| Bank Account Name: _____ | /"IN TRUST FOR THE NCEL |
| Corporate or legal name of entity which owns the business and files income tax returns | |
| Bank Name (print): _____ | Branch: _____ |
| Bank Street Address: _____ | City: _____ State: _____ |
| EFT Bank Route Transit Number: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| EFT Bank Account Number: _____ | |
| Signature of Owner or Principal: _____ | Date: _____ |
| Printed Name of Owner or Principal: _____ | |

DEPOSITORY INSTITUTION ACKNOWLEDGMENT: The above account has been established “INTRUST FOR THE NORTH CAROLINA EDUCATION LOTTERY.” We acknowledge that our customer, the Retailer, has directed us to provide information concerning the above referenced account to the North Carolina Education Lottery upon request by an authorized representative of the North Carolina Education Lottery.

Bank Representative (print): _____ Phone Number: _____

Signature of Bank Representative: _____ Date: _____

If you need any additional information, or have any questions, please contact Retailer Contracts Administration at (877) 382-4530, opt 2.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

| | | |
|--|---|---|
| Print or type. See Specific Instructions on page 3. | <p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p> | <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p> |
| | <p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p> <hr/> | <p>Requester's name and address (optional)</p> <hr/> |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | | | |
|---------------------------------------|--|--|--|---|--|--|---|--|--|--|--|
| Social security number | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | - | | | - | | | | |
| or | | | | | | | | | | | |
| Employer identification number | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | - | | | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

AUTHORITY FOR RELEASE OF INFORMATION
National Record Check

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Criminal Information and Identification Section to perform a fingerprint search of the State's criminal history record file and a fingerprint search of the Federal Bureau of Investigation's file for a national criminal history record check in connection with my application for lottery with the North Carolina Education Lottery pursuant to N.C.G.S. 114-19.16 and 18C-114

(Type or Print LEGIBLY or will be returned)

| | | | |
|------------------------|---------------|--------|--------|
| Last Name | First | Middle | Maiden |
| _____ | _____ | _____ | _____ |
| Social Security Number | Date of Birth | Sex | |
| _____ | _____ | _____ | |

I understand that the North Carolina State Bureau of Investigation, Criminal Information and Identification Section, and its officials and employees shall not be held legally accountable in any way for providing this information to the above agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the above named agency cannot provide a **hard copy** of the results of this criminal history record check to me.

Applicant's Signature

Date

This request form must be kept on file at the agency for one year. The fingerprint card and transmittal letter from the Authorized Official requesting Criminal History Record Information must be mailed to:

North Carolina Education Lottery
Attn: Retailer Contracts Department
2728 Capital Blvd., Suite144
Raleigh, NC 27604